

Spit Tobacco Use Prevention



Strategic Initiative

2006—2007



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Spit Tobacco Use Prevention Strategic Initiative

Purpose of Document

The purpose of this document is to guide the state of Montana's Tobacco Use Prevention Program (MTUPP) in a one-year pilot effort to better address the death and disease attributable to the use of spit tobacco. Not only are spit tobacco products addictive, but they also contain carcinogens that can cause mouth, gums, pharynx and salivary gland cancers (Stockwell and Lyman, 1986). Cancer is not the only risk. Spit tobacco products may play a contributory role in: cardiovascular disease, peripheral vascular disease, hypertension, peptic ulcers, and fetal morbidity and mortality." [US Department of Health and Human Services, (USDHHS) 1986]

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Foreword

Montana has made great strides in addressing commercial tobacco use as the leading cause of preventable death and one of the leading financial costs associated with medical care in the state. Montanans support efforts to prevent tobacco use and to protect the public from exposure to secondhand tobacco smoke. One of the most effective ways to address, and ultimately reduce, commercial tobacco use is by establishing a "norm" change regarding the level of acceptance in connection with the use of tobacco among all Montanans.

Spit tobacco use represents an issue of growing public health concern, and has not received the degree of attention that smoking has. Montana is one of the states in which spit tobacco use is more common than in the rest of the nation.

The Spit Tobacco Use Prevention Strategic Initiative (Strategic Initiative) is a proposed ***action plan*** for the Montana Tobacco Use Prevention Program to initiate a comprehensive approach for preventing spit tobacco use. This effort will be evaluated for its effectiveness and focus to help drive a plan for subsequent years.

MTUPP will continue to advocate for strategies that promote a model to reduce smoking and help eliminate public exposure to tobacco smoke, while also addressing spit tobacco use, to accomplish its overall mission of ending premature death and preventable disease from commercial tobacco use.

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Section I: Strategic Plan, Activity Steps

The Strategic Initiative committee has identified six areas of focus for the upcoming year. These areas are:

- 1) Build knowledge and capacity within the tobacco prevention community to address the spit tobacco problem;
- 2) Seek out new allies in the effort to address spit tobacco;
- 3) Conduct statewide and local education efforts on the consequences of spit tobacco use, its affect on Montana residents, and the potential strategies for addressing this public health concern;
- 4) Promote statewide and local policies that prevent the use of spit tobacco;
- 5) Enhance cessation efforts focused on the use of spit tobacco; and
- 6) Establish a set of tools that evaluate the effectiveness of this pilot project and other efforts focused on prevention and cessation of spit tobacco use.

Activity Area ONE

Enhance the Capacity of the Tobacco Prevention Community in Montana to Address Spit Tobacco Use Effectively

Priority Action #1: Establish a standing *Spit Tobacco Strategic Initiative Work Group* to provide direction, ongoing support and to ensure follow through of the *Spit Tobacco Initiative* and plan.

The composition of the Spit Tobacco Work Group may include MTUPP staff and contractors, oral health and other health providers, tobacco cessation or addiction counselors, educators, agricultural representatives, Native Americans and university representatives. The Spit Tobacco Work Group should meet bi-monthly to review the Strategic Initiative, assess progress, and discuss new strategies and adjustments to the plan.

The Spit Tobacco Work Group should: encourage the involvement of Montana's youth empowerment movement; research and monitor the work being done in other states on this problem; seek opportunities for regional partnerships with other Western states; and, develop a working relationship with the Mayo Clinic in Minnesota - a leading research entity in this area of tobacco use prevention and host of the 2006 National Spit Tobacco Conference.

Priority Action #2: Develop a set of public education materials (and other resources) for the use of Community Tobacco Prevention Specialists, and key allies, that focus on spit and preventing youth and adult initiation, as well as quitting. Provide a series of briefings on the use of these materials and current spit tobacco issues.

While some organizations, communities and individuals understand the importance of conducting prevention activities around the use of spit tobacco, most are not fully briefed on the issue of spit tobacco use. By creating a set of materials with consistent messages for use by MTUPP, community coalitions and partner organizations; overall solidarity and momentum will be increased towards attainment of the Strategic Initiative *Priority Actions* and *Activities* in this plan.

In addition, these resource materials should effectively address key issues that are unique to spit tobacco. An example would be the marketing strategy of the industry (termed “harm reduction”) to promote spit tobacco use as an alternative to smoking.

To further increase the awareness and abilities of the tobacco prevention community, MTUPP should conduct three to six educational updates on the spit tobacco topic over the next fiscal year. The goal for these professional education efforts will be to keep the tobacco prevention community up-to-date with the latest response to marketing strategies by the tobacco industry, new research into the spit tobacco use topic and new spit tobacco prevention strategies that show promise.

Priority Action #3: All tobacco use prevention materials and media should effectively address the spit tobacco problem.

Many of the materials and media developed by MTUPP and the local contractors do not effectively address spit tobacco. In some cases, spit tobacco use is not identified as a problem. All materials and methods of public education should include spit tobacco relevant messages.

Activity Area TWO

Engage New Allies to Expand the Existing Resource Pool and Gain Access to Target Populations

Priority Action #1: Engage oral health care providers in educating patients and citizens on the hazards of spit tobacco use.

Oral health care providers can serve as a source of pro-health information concerning spit tobacco use for their patients. They can refer patients to the Montana Tobacco Quit Line for counseling and cessation services and also function well as community health advocates, extending their reach to whole communities through the use of media advocacy techniques. MTUPP staff will confer with the Oral Health Program and establish how oral health care providers should be supported by a network of their peers and be provided quality materials with a consistent, credible message, to persuasively reinforce a common message throughout the state.

The Strategic Initiative seeks to connect with the oral health care team of dentists, dental hygienists and oral surgeons through a partnership with the Montana Dental Association and the Department of Health and Human Services (DPHHS) Oral Health Program. A particular focus will be on oral health care teams at community health clinics, in conjunction with outreach to private dental practices.

Health team members will have access to a time-efficient and professional education program with the goal of providing updates on the topic of spit tobacco use, as well as, garnering support and involvement in an active statewide network of oral health care providers working to champion spit tobacco prevention.

Priority Action #2: Engage youth groups that have statewide reach, structure and support.

Tobacco use experimentation begins for most by the age of 15 and youth groups can provide access to established networks of resources and opportunities for prevention efforts. Activities that involve youth are especially effective for creating change in the social norm about smoking and spit tobacco. Examples of potential youth group partners include and are not limited to:

- 4-H groups
- Boy Scouts
- YMCA-YWCA
- Faith-Based Youth Groups
- Girl Scouts
- Camp Fire
- Big Brothers/ Big Sisters
- Boys & Girls Clubs

Additionally, MTUPP has recently launched React Against Corporate Tobacco (reACT), a youth empowerment initiative around the tobacco issue and this may provide a number of new and exciting opportunities for partnering with statewide organizations that serve youth.

Priority Action #3: Effectively engage state-level public health groups and associations in the spit tobacco issue.

State-level membership and non-profit groups are important contributors to community education and social policy process. Groups such as the American Cancer Society, American Heart Association, American Lung Association of Northern Rockies, and Alliance for a Healthy Montana potentially play an important role in helping shape the agenda and message of the Strategic Initiative. Additionally, each of these groups brings certain resources and constituents to the table for improving the overall effectiveness of the outreach, education and policy setting activities of the initiative.

Activity Area THREE

Conduct Public Education on the Spit Tobacco Use Problem in Montana

Priority Action #1: Encourage the promotion of on-going youth spit tobacco outreach activities with schools and youth groups.

Schools and youth groups are appropriate, effective venues for reaching teens/pre-teens with education and awareness building information as well as activities related to spit tobacco prevention. This component of the Strategic Initiative encourages local coalitions to support a schedule of events and activities throughout the year, aside from Through With Chew Week (TWCW).

Priority Action #2: Develop, promote and conduct statewide *Through With Chew Week, Great American Spit-out* (TWCW/GASpO) promotional events.

Existing educational observances such as Through With Chew Week and Great American Spit-Out can help leverage a common message across the state through creating broader appeal and involvement of paid and earned media. Newspapers, radio and television stations are generally eager to run stories or cover events that put a local slant on a message that is part of a greater whole. Taking advantage of these opportunities to build greater cohesiveness and statewide momentum on the spit tobacco issue is an important component of the Strategic Initiative for the first year.

The Strategic Initiative recommends that MTUPP utilizes the Spit Tobacco Work Group to effectively define themes and messages that are relevant to this public education event.

Priority Action #3: Educate primary care providers regarding spit tobacco use and offer viable clinic-based solutions for their medical practice and patients.

Primary care providers are traditionally physicians who are trained as generalists, and as a result, are the first and regular source of healthcare for the majority of Montanans. However, Montana is a large, rural state, and as such, it is important also to recognize the role and contributions of Physician Assistants, Nurse Practitioners and professionals in other health disciplines as primary care practitioners.

To build partnership with this group, MTUPP staff will confer with the Primary Care Office of the DPHHS and several outside organizations including the MHA – An Association of Health Care Providers, Montana Office of Rural Health and the Montana Area Health Education Center to define points of access and other opportunities for interaction and assistance.

An outreach plan will be created under the guidance of and through discussion with state-level partners. This plan will be readied for implementation during the second-half of the year by the assigned Health Education Specialists within MTUPP and may tie-in with statewide media campaigns for added visibility.

Priority Action #4: Prepare, schedule and conduct a statewide paid and earned media campaign.

An overarching statewide media campaign is a necessary and powerful means to set the tone and support state and local action towards reducing spit tobacco use. The tobacco industry's message of "normalcy" and "no harm" needs to be countered on a regular, significant level. Campaigns of this nature tend to rely on multiple levels of media including paid mass media and no-cost or low-cost alternative forms of media including earned media events.

The Strategic Initiative promotes two focused campaigns of statewide media within one year, in addition to on-going education efforts on spit tobacco. These two campaigns should emphasize the following:

- Through With Chew Week

- Promote Quitting and the Use of Montana Tobacco Quit Line with a special focus on spit tobacco
- Preventing youth initiation

Activity Area FOUR

Establish Policies That Will Prevent the Use of Spit Tobacco and Help Those Who Want to Quit Using Spit Tobacco

Priority Action #1: Increase the number of tobacco-free (both smoking and spit tobacco) hospitals/health clinics and their campuses in the state and promote the value of these policies.

Due to their focus on maintaining health and the fragility of many patients, hospitals and health clinics should be tobacco-free zones. This component of the Strategic Initiative will continue partnering with MHA – An Association of Health Care Providers, the Montana Office of Rural Health and the Montana Area Health Education Center.

MTUPP should establish contact with the Hospital Licensing Program at DPHHS to determine what role might exist for the state in promoting and monitoring tobacco-free hospital policies as part of the state hospital licensure process.

Priority Action #2: Strengthen Montana’s tobacco product placement legislation, like the *Youth Access to Tobacco Products Control Act* by creating a model act for discussion purposes among primary stakeholders and policy makers.

Montana’s current tobacco product placement legislation for tobacco products is considered weak by most public health professionals. At a minimum, a state law governing marketing and distribution of tobacco products should safeguard against the potential of sales to minors by employing the following strategies:

- Prohibit the distribution of free or discounted tobacco products;
- Prohibit the distribution of tobacco products through vending machines or via self-service displays;
- Prohibit the sale or distribution of:
 - ♦ Tobacco products that are not in sealed packages and/or marked with all required tax stamps
 - ♦ Single-use pouches of spit tobacco products.
- Prohibit the sale of flavored tobacco products;
- Implement enforcement and penalties commensurate to the offense;
- Implement no restriction of local governments to enact policies and/or laws MORE strict than the state law; and
- Require that all tobacco products be placed behind the sales counter and properly restricted for access.

This effort will require involvement and input from local and statewide policy leaders and a branch of the Addictive and Mental Disorders Division (AMDD) of DPHHS – the unit of state government which currently manages youth access and merchant compliance issues regarding tobacco sales.

Priority Area #3: Step-up implementation efforts and ensure full compliance of the Tobacco-Free Schools provision of Montana’s Clean Indoor Air Act

Montana’s Tobacco-Free Schools provision of the Clean Indoor Air Act is a significant deterrent to youth tobacco use. However, schools and school districts are having varying levels of success with implementing and achieving full compliance with the law. There are a number of suggested procedures that schools can follow to better meet parameters of the law.

The Office of Public Instruction will be consulted, while MTUPP looks for opportunities to enhance the implementation of the Tobacco-Free Schools provision of Montana’s Clean Indoor Air Act.

Activity Area FIVE

Design and Implement Appropriate, Cost-Effective Strategies for Promoting Specialized Cessation Counseling and Quit Information for Spit Tobacco Users.

Priority Action #1: Work with the *Quit Line* vendor to design and implement appropriate, cost-effective procedures for expanding data collection and service levels for spit tobacco users who call the *Quit Line* for counseling services, and inspire more spit users to utilize the *Quit Line*.

As the reach of spit tobacco prevention activity and messaging expands across the state, and awareness of the general public builds, viable cessation methods must be in place for responding to the resulting increase of quit attempts. Those who would like to receive advice and counseling to quit should be able to do so conveniently, privately and in a cost-effective manner.

The existing Montana Tobacco Quit Line presents a vehicle for delivering professional counseling and credible advice on demand. Currently, the Quit Line has specific protocols and quitting materials for spit tobacco users, and National Jewish Medical and Research Center documents the number of can/pouches used per week. The Quit Line also mails spit tobacco cessation material to callers interested in quitting spit tobacco.

Counseling elements for quitting spit tobacco are similar to those for cigarette smoking:

- Provide education about nicotine and psychological addiction (emphasize that spit tobacco can be more addictive than smoking);
- Identify triggers/cues and practice changing behaviors associated with cues;
- Plan for tempting situations and alternatives for using tobacco (more emphasis with oral gratification – sunflower seeds, jerky, chewing gum, toothpicks, non-tobacco snuff products);
- Develop positive coping skills; and,
- Use of quit smoking medication to lessen withdrawal symptoms and cravings.

Activity Area SIX

Create and Execute a *Strategic Data Plan* in Support of the Activities of the Strategic Initiative.

Priority Action #1: Establish the specific data requirements necessary for effective program planning and performance monitoring of the *Strategic Initiative*.

It is critical for data to be available *and* used to support the planning decisions and performance monitoring of the Strategic Initiative.

To establish specific data requirements for the Strategic Initiative, The Spit Tobacco Work Group will need to review existing sources and types of data on the spit tobacco topic in Montana and determine where this data is sufficient or insufficient for future planning decisions and performance monitoring. The Strategic Initiative committee recommends the preparation of a Strategic Data Plan that acknowledges the existing sources/types of data available to support planning and performance monitoring, and proposes workable solutions to determined gaps in data as determined by the Spit Tobacco Work Group.

Additionally, there exists a need to pursue the possibility of collecting data at venues where there is likely to be a higher population of spit users. This would increase the probability of obtaining enough data to support accurate detailed analysis.

Some examples of developed data solutions may include:

- Monitor access and use of the Quit Line for spit tobacco cessation to gather anecdotal evidence of spit use and cessation efforts that may illustrate patterns of use and quitting behavior;
- Measure effectiveness of tobacco control policies on spit tobacco use in the state;
- Brainstorm data collection methods to target specific populations or regions of the state with activity/interventions;
- Develop questions to identify general barriers or points of resistance among target populations;
- Utilize data to inform policy makers and the general public for the purpose of taking action;
- Brainstorm data collection methods to determine which intervention components should be implemented, how they should be implemented and the specific results produced.
- Go to the spit users for data: attend rodeos, farm auctions and the Bucking Horse Sale and collect information from a population of users.

The process of pulling together the Strategic Data Plan should include at the core, a work team well-versed in assessment and evaluation techniques. The team should utilize the DPHHS BRFSS Coordinator and an Epidemiologist throughout this process.

Section II: Background and Overview

Montana continues to have one of the highest spit tobacco use rates in the nation with approximately 13% [Montana Adult Tobacco Survey (ATS) 2005] of adult males and 15% of high school males [Montana Prevention Needs Assessment (PNA) 2004] currently using spit tobacco. This raises concern, since it is known that spit tobacco is not a benign substance and its use has serious short and long term health risks.

There is growing body of scientific research that sheds light on the harm caused by the use of spit tobacco products. In 1986, the U.S. Surgeon General concluded that the use of spit tobacco "is not a safe substitute for smoking cigarettes. It can cause cancer and a number of other non-cancerous health conditions and can lead to nicotine addiction and dependence." This position has been reiterated in the Surgeon General report on reducing tobacco use, released in 2000. (U.S. DPHHS, 2000)

Based on historical behavior of the tobacco industry, deceptive advertising will continue to characterize the culture of tobacco use and contradict current scientific evidence. Corporations, who sell their products through masterful manipulation of words and science, are getting involved in the smokeless tobacco arena. Recently, the number one and two producers of cigarettes, Philip Morris and RJ Reynolds, respectively, have developed smokeless tobacco products and/or purchased smokeless tobacco companies.

Since 1991, the National Cancer Institute has officially recommended that the public avoid or discontinue the use of all tobacco products, including spit tobacco. Fifteen

years later, the accumulated scientific evidence continues to support this position.

In the absence of a coordinated statewide spit tobacco plan, various communities have independently addressed the issue. Now, in an effort to maximize resources in this area, the Montana Tobacco Use Prevention Program (MTUPP) has developed this document to provide background and strategic directions for the coming year.

What is "Spit" Tobacco?

There are two basic types of smokeless tobacco; snuff and chewing tobacco. *Snuff* is a finely ground tobacco and is packaged for sale as dry, moist, or in small packets. The user typically places a small amount (pinch or dip) between the lip and gum. *Chewing tobacco* is available in loose leaf, plug or twist forms, and the user generally places a larger amount (wad) of tobacco at the side of the mouth, between the cheek and gum. Smokeless tobacco is often called "spit tobacco" because many people will spit out the tobacco juices and saliva that builds up in their mouth.

Who Uses Spit Tobacco?

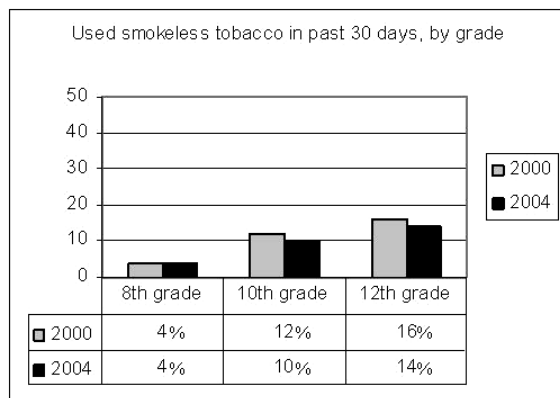
Montana's adult male prevalence rate for spit tobacco has remained at 12-13% for the last ten years.

Based upon the most recent available health data for Montana adults age 18 and older (Montana ATS, 2005), the prevalence of spit tobacco use is much more common among men (13%) than among young women (<1%).

The 2005 Montana ATS indicated that one-third of spit tobacco users tried to quit

within the year before being surveyed. Of the survey respondents, 47% considered quitting within six months and 52% planned to quit within the next 30 days.

Spit tobacco appears to be easier for youth to obtain than cigarettes (PNA, 2004). Twenty percent of respondents reported first trying spit before age 12, 55% reported trying it between the ages of 12 and 15, and 25% reported first trying it at age 16 or older. American Indian students use spit tobacco more than Caucasian students ; for boys 21% vs 15% and for girls 7% vs 3%. Boys in 8th, 10th, and 12th grades use spit tobacco **FIVE TIMES** as much as girls



(15% vs. 3%) and among those who do use spit tobacco, boys are almost three times as likely to use it daily (45% vs. 18%). Almost half (48%) of 12th graders who use spit tobacco use it on a daily basis. Current use by youth increases sharply with grade level.

Awareness of the dangers of using spit tobacco appears to be low – compared to awareness levels of the danger of cigarette smoking. When asked “How much do you think people risk harming themselves (physically or otherwise) if they used smokeless tobacco”, ***fewer than half (45%) of all youth indicate that smokeless tobacco presents a great risk; while 72% felt there was great risk with regular use of cigarettes.*** Additionally, more than a third of all students (37%) think that using spit tobacco would make them *look* cool; 41% of all boys and 45% of all 12th graders think

using spit tobacco would make them cool. (PNA, 2004).

Nicotine, Addiction & Spit Tobacco

It is as difficult to stop using nicotine as it is to stop using cocaine or heroin.

It is the nicotine found in commercially prepared tobacco products that makes spit tobacco addictive. Individuals who are addicted to nicotine can suffer from withdrawal symptoms such as anxiety, restlessness, irritability, frustration, anger, depression, concentration problems, insomnia, nausea, diarrhea, and increased appetite. Tobacco companies typically add ingredients to their products in order to maximize the nicotine absorption and thus, the addiction potential. Nicotine is absorbed more slowly from spit tobacco than from cigarettes; however, more nicotine per use is absorbed from spit tobacco than from cigarettes (Exhibit-1). An average dose for snuff is 3.6 milligrams (mg) and for chewing tobacco is 4.6 mg – compared to 1.8 mg for cigarettes.

In fact, the amount of nicotine derived from **one** can of spit tobacco is equivalent to the nicotine derived from **four** packs of cigarettes. For example, in a standard can of the brand Copenhagen there is as much nicotine as in 80 cigarettes. And, these higher levels of nicotine stay in the bloodstream for a longer period of time due to the slower absorption. Thus, a typical spit tobacco user probably consumes a higher dose of nicotine than a typical smoker on a daily basis, which in turn creates a greater demand for more tobacco, perpetuating an addiction.

Exhibit-1

The amount of nicotine in a typical can of spit tobacco is equal to the amount of nicotine in **four** packs of cigarettes.



- 4.8 mg nicotine per gram of spit tobacco (30 grams per can) = 144 mg nicotine per can of spit tobacco
- 144 mg nicotine (1.8 mg per cigarette) = 80 cigarettes
- 80 cigarettes (20 cigarettes/pack) =
4 packs cigarettes = 1 can of spit tobacco

The Consequences of Spit Tobacco Use

Precancerous white patches (oral leukoplakia), are often seen among spit tobacco users (Fisher, Bouquat & Shelton, 2005). Chronic (longer-term) use of spit tobacco products may further increase one's relative risk of developing oral cancers by as much as 50 times that of a non-user (Winn, et al). Oral cancer is a serious concern with 30,000 cases diagnosed, and approximately 9,000 deaths occurring each year in the U.S. In Montana there are about 100 cases of oral cancer diagnosed (Montana Central Tumor Registry). In 2004, there were 22 deaths associated with oral cancer, (2004, Montana Office of Vital Statistics). Use of spit tobacco products may also cause cancer in other organs such as the esophageal, stomach, and pancreas (Boffetta, Aafnes, Weiderpass and Andersen, 2005).

Other dangers from spit tobacco use include: gum recession that results in exposed roots and increased sensitivity to heat and cold; tooth loss from damage to the gum tissue; abrasion to the tooth enamel due to high levels of sand and grit contained in spit tobacco products; discoloration of the teeth

and bad breath; and tooth decay caused by sugar added to spit tobacco to improve taste.

“Harm Reduction”

Some, within the tobacco industry have been promoting spit tobacco as a “harm reduction” product, especially with the advent of smokefree laws. Tobacco users are encouraged to use spit tobacco instead of smoking.

Encouraging disease-causing behaviors through the so called “harm reduction” strategy endangers the health of the public. It is an imprudent and unnecessary threat to public health efforts aimed at reducing the toll of death and disease caused by tobacco use. The Montana Tobacco Use Prevention Program does not advocate “harm reduction” in tobacco prevention. It is the MTUPP policy to promote avoidance of commercial tobacco products as well as cessation for persons who currently use these unhealthful products.

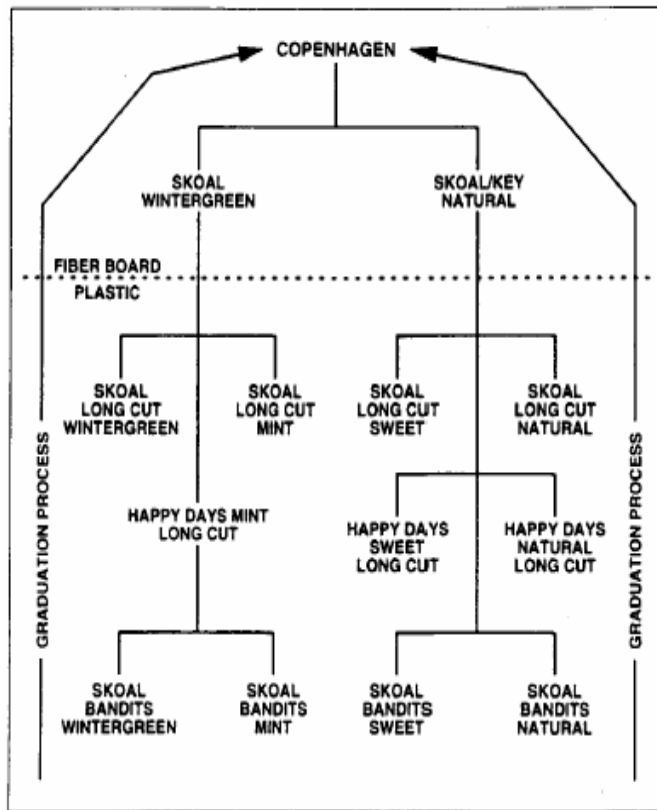
Decreasing the health risk from tobacco products can be accomplished by creating an environment that supports tobacco cessation and prevents tobacco initiation.

Targeting Youth

Advertising is believed to be heavily responsible for the increased use of spit tobacco products. While other types of tobacco use have decreased in the United States (since the Surgeon General's report on the health risk of smoking in 1964) spit tobacco use has increased. The tobacco industry estimates that some 24 million Americans use spit tobacco products. This has been accomplished through use of slogans such as, "with practice, you'll be doing it like the pros," or "a pinch is all it takes." Rodeos, music concerts, baseball, golf, and NASCAR auto racing are just a few of the venues in which the tobacco industry presents powerful imagery and

Exhibit-2

Connolly, G. N. (1995). "The marketing of nicotine addiction by one oral snuff manufacturer." *Tobacco Control* 4: 73-79.



messaging to attract and keep young customers.

Flavoring spit tobacco products (e.g. Berry Blend, Apple, Cherry, Spearmint, and even Bourbon) is a way that tobacco companies target younger, new users. Former United States Smokeless Tobacco sales representative, Bob Deets has stated,

“Cherry Skoal is for somebody who likes the taste of candy, if you know what I am saying.” (Wall Street Journal October 26, 1994).

Once a person is initiated to spit tobacco and therefore nicotine, evidence indicates a graduation process to higher nicotine products occurs (Ebbert et al. 2004). We know from internal company documents that

the “graduation strategy” is a planned tactic by the tobacco companies to increase their product’s use and keep their consumer base coming back for more (Exhibit-2). For example, individuals start with products like flavored Skoal bandits (lower nicotine products already neatly packaged in a self contained pouch) and with time the consumer graduates up to products containing higher and higher levels of nicotine, like Copenhagen. Because of the addictive nature of nicotine, users will keep coming back for more as their bodies will need more to sustain the seemingly pleasant effects. One industry pamphlet is quoted as saying, "At first you could feel a slight irritation on the gum....but learning is a part of the fun and these things pass with practice. Two weeks should make you a pro." In another brochure for Skoal Bandits the instruction on the use of the product gives this advice: “If you haven't tried Skoal Bandits before, we recommend that you keep your first one in for about a minute -- then remove. The next time you try another one; leave it in a bit longer. Like your first beer, Skoal Bandits can be a taste that takes time to acquire and get the most out of. After four or five Skoal Bandits you'll find you've developed quite a taste for them and you'll want to keep a pouch in as long as the flavor lasts. This varies from person to person.”

In an attempt to benefit from the expanding smokefree laws and the smokers’ nicotine addiction, spit tobacco companies have developed the “Solution Campaign” (Exhibit-3). This marketing ploy uses slogans like, for “those times you can not smoke”, and is encouraging smokers to substitute one highly addictive product for another.

Efforts to Reduce Spit Tobacco Use in Montana & Across the Region

“Through With Chew” Week Campaign

Through With Chew Week (TWCW) is a campaign with the goal of raising awareness of the health effects of spit tobacco, decreasing use and encouraging current users to quit. Through With Chew Week was established in 1989 by the American Academy of Otolaryngology, Head and Neck Surgery, Inc. The Wyoming Department of Health Tobacco Prevention Program developed materials for statewide and community-based interventions and created the Through With Chew (www.throughwithchew.com) website. It contains research, cessation, master settlement information and links to other programs and information sources. It also

offers a comprehensive activity toolkit for Through With Chew Week, with samples of media, dental community interventions, printed resources, and program ideas. In 2006, 16 states participated in TWCW campaigns, including seven in the northwest region (Washington, Oregon, Montana, Wyoming, North Dakota, South Dakota, and Colorado).

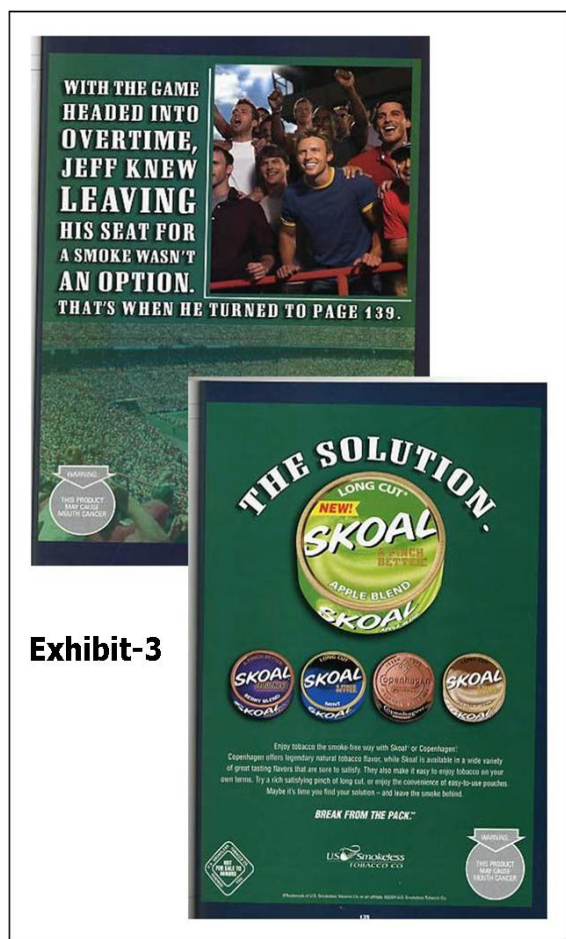
Through With Chew Week campaigns have been conducted in Wyoming for several years. Outcomes from this event have been measured by increased calls from spit tobacco users to the state Quit Line during the six week period following the event. Additional outcomes of this campaign include: addressing industry sponsorship, promoting cessation, educating coalition members, building and enhancing partnerships, and advancing tobacco free policies.

In 2005 and 2006, many Montana community programs conducted activities for this event. Messages and activities targeted four specific groups:

1) Dental and medical providers were encouraged to talk with their patients about tobacco use and promote cessation.

In many Montana communities, dentists offered free oral cancer screenings and distributed quit kits and cessation materials. The Montana Tobacco Quit Line posters and materials were distributed to medical clinics, dental offices, pharmacies, hospitals, tribal health programs, and social service providers.

2) Youth were targeted with prevention messages in many schools. Gruen Von Behrens and Rick Bender, both previous spit tobacco users and oral cancer survivors, visited schools in several communities and talked with students about their experiences. Their stories were picked up by major newspapers in the area which enhanced the reach of their message. Youth created



counter advertisements, school announcements, and displays in their schools. Linking with 4H clubs, FFA groups, and "shop" classes, information reached targeted groups of youth. In some schools, this event prompted the inclusion of education modules about spit tobacco in their health enhancement curriculum. Work conducted in the school environment also supported the implementation and enforcement of tobacco free school policies.

3) Activities also included outreach to groups and industries that have traditionally high usage of spit tobacco and/or are targeted for sponsorship or promotion. Paycheck inserts were sent to lumber, railroad and mining employees. Education also occurred at wellness fairs and Chamber of Commerce trade fairs. Educating organizers of local rodeos, Ski Joring competitions and Motocross events was also a priority in some communities. American Indian contractors utilized culturally appropriate methods to educate their community. Local newspapers ran ads highlighting the effects of using commercial spit tobacco products labeling it as a "Tradition Killer". Tabling events and the distribution of Quit Spit Kits at the Montana Agricultural Trade Expo (MATE) and the Montana Outdoor Recreation Expo (MORE) were an effective means of reaching many current spit users. Quit Spit Kits usually include: herbal chew supplements, educational brochures, Quit Line information, dental mirrors and instructions on how to conduct an oral health self-exam.

4) Messages about the hazards of spit tobacco and the benefits of quitting also reached community members, including decision makers. These mainly utilized local media such as print ads and earned media in newspapers, billboards, radio, and articles in school or organization newsletters. One community included information in fast food take-out bags. Distribution of information was also

conducted through faith-based organizations and childcare providers. In several communities, the County Commissioners passed a proclamation creating a local Through With Chew Week.

Tobacco Free Environments: Sponsorship Policies

Policy work has occurred at the local level, both in establishing tobacco free environments, as well as promoting tobacco free sponsorship policies in local organizations. With the passage of Montana's Clean Indoor Air Act in 2005, tobacco use is now prohibited on all publicly funded K-12 school property at all times. Many schools already had policies banning smoking on school property, but recognition that spit tobacco was a harmful substance had not been uniformly embraced. Local community programs have educated school boards and administrations about the hazards of spit tobacco and have assisted them with informing the public about the new law. A variety of methods were utilized, including notices in sports programs and newsletters, hand stamps at the gate of sporting events, banners in school gymnasiums, signage created locally or provided by MTUPP, and paycheck enclosures for school personnel.

A movement toward establishing tobacco free community environments has gained momentum across the state. Through collaboration with baseball, soccer, and skateboard associations, along with municipal governments, sports fields and playgrounds in several communities have been established as tobacco free zones. Several hospital systems in Montana have established smoke free campus policies that also prohibit all tobacco use by employees while on hospital grounds. Several smaller hospitals statewide have also instituted and/or are working on establishing a tobacco free campus policy that would apply to everyone. Many community programs have engaged in dialogue with local fair and

rodeo boards to create tobacco free events. However, limited success has been achieved in this area, thus far.

Several community tobacco prevention programs have approached local organizations to establish policies that prohibit the solicitation or acceptance of funding or sponsorship from the tobacco industry. This has been met with mixed response. At least one school district and one local fair board have included this in their policy. To date, no rodeo association has adopted this policy. Community tobacco prevention programs have been met with resistance and have on occasion been told that local rodeo organizations have contracts that "require" them to promote US Smokeless Tobacco and accept funding. Many of the smaller events or those in smaller communities are not on the sanctioned rodeo circuit and therefore are not under any real or perceived contractual arrangements with US Smokeless Tobacco. The Montana High School Rodeo Association has had a policy in place for many years that prohibits tobacco use and sponsorship.

Spit Tobacco Pricing Strategies

At the 2003 legislative session and at the 2004 ballot box, Montana raised the price of tobacco products (cigarettes, spit tobacco, etc.) as a strategy to reduce consumption and ensure that cigarette tax prices in Montana are comparable to the tax rate on other tobacco products including spit tobacco. According to the Campaign for Tobacco-Free Kids, the Montana rates are comparable but not equal. The tobacco tax of \$1.70 per pack for cigarettes is equal to 76.6% of the manufacture's price, while the tobacco tax for smokeless and chew is currently set at 50% of the wholesale price. The tax for spit tobacco has been incrementally raised from 12.5% percent in 2002, to 25% in 2003 and to the current amount of 50% in 2004 (which was implemented in January of 2005).

Distinctive Cessation Strategies for Spit Tobacco

It is recognized that cessation interventions for spit tobacco may vary from those that are successful for smoking cessation. However, there is little that has been instituted that specifically targets this group of tobacco users. One of the easiest and first lines of defense in cessation is to educate about the dangers of spit tobacco use. Many community tobacco prevention specialists have been working with their local oral health care providers to distribute literature about spit tobacco and oral cancer, and some providers have even been giving Quit Spit Kits to their patients. The Montana Tobacco Quit Line has special materials: 5 A's training, Nicotine Replacement Therapy (NRT), and counseling services for spit users. At the 3rd Annual Spit Tobacco Summit in Rochester, MN October 16-18, 2006, Jon Ebbert M.D. presented the results of a recent study that shows NRT lozenges are more effective in helping spit tobacco users quit, by mimicking the nicotine concentration levels associated with spit tobacco use. The oral fixation associated with the use of spit tobacco is also simulated with the use of the Nicotine lozenge. For more detailed information regarding the study please refer to the National Cancer Institute website at <http://cancercontrol.cancer.gov/grants/abstract.asp?ApplID=7086605>.

In February of 2006, (the month of Through With Chew Week and the Great American Spit-out event) approximately 365 Montanans called the Quit Line for tobacco cessation, with approximately 37 of the calls specifically about spit tobacco cessation. This number had increased almost 10% from all other months measured specifically for spit tobacco cessation.

Collaboration and Partnering

Local community prevention programs have collaborated with a wide variety of groups to

disseminate messages about spit tobacco in Montana. Health providers (hospitals, clinics, tribal health, dentists, health boards, family planning, WIC, health clubs, chemical dependency programs) have been receptive to addressing spit tobacco with their clients. Collaboration has also occurred with programs that serve youth (Big Brothers and Big Sisters, Boy Scouts, Girl Scouts, Campfire, local recreation departments, after school programs, 4H clubs, local sports associations, Head Start, child care provider agencies, GED and literacy programs). Community service organizations have also supported spit tobacco prevention in several communities (examples include Rotary, Kiwanis, Shriners, American Legion, Elks). Schools have been increasingly proactive in educating students about spit tobacco, especially after the passage of the Montana Clean Indoor Air Act and Tobacco Free Schools. Even the business community has begun to recognize this as a problem and has provided education for their employees. Collaborative work and education at the community level has garnered support from a broad spectrum of individuals and groups to address the problem of spit tobacco in Montana.

Montana Tobacco Use Prevention Program

Spit Tobacco Use Prevention Strategic Initiative, 2006-2007

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TOBACCO USE PREVENTION PROGRAM

Printed by the Montana Tobacco Use Prevention Program
150 copies were printed at an approximate cost of \$3.84 per copy,
for a total cost of \$576.70 for printing, and \$1.57 per copy for distribution.
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